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**POWER OF ATTORNEY
OR
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WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Patent Number	5,852,002
Issue Date	December 22, 1998
First Named Inventor	Falk et al.
Title	Treatment of Conditions and Disease
Art Unit	N/A
Examiner Name	N/A
Attorney Docket No.	28069-918

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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I am the:

Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	8/18/2010
Name	Tim McBride	Telephone	+1 619 467 5500
Title and Company	Director	Director	JAHOTPC AG

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.